

## PMEC SCHOOL VACATION DAY PROGRAM REGISTRATION

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ \*Email Address (Please print clearly) \_\_\_\_\_

(\*E-mail is required for class confirmation and class info. If you do not have e-mail, please write in none.)

Example

Day	Monday						
Date	11/12/07						
Full Day 7:30AM- 5:30PM							
Half Day AM 9:00AM- 12:00PM	X						
Half Day PM 1:00-4:00PM							

*Half Day (AM or PM Session) - \$20*

*Full Day -\$40.*

Number of Full Days \_\_\_\_\_ x fee \$40 = \_\_\_\_\_

Number of Half Days \_\_\_\_\_ x fee \$20 = \_\_\_\_\_

Group Photo \_\_\_\_\_ x fee \$5 = \_\_\_\_\_

T-Shirt \_\_\_\_\_ x fee \$12 = \_\_\_\_\_

YS YM YL  
Sorry Larger Sizes are not available for 2007

**Total Enclosed** Please make checks payable to **PMEC.** = \_\_\_\_\_



**NEW PMEC T-Shirt**

Registration is void without payment enclosed. You may write one check per family – you do not need to write individual checks for each child and each class. Please limit one child per registration form.

All children should bring a snack, drink(s), and lunch (if staying all day). Dress your child in appropriate clothing including layers for outdoor activities. Please pack an extra set of clothing, shoes, and socks.

Please mail with check to: PMEC, PO Box 1045, Amherst, NH 03031.

**Do NOT drop envelopes off at PMEC on Brook Road unless previously arranged with PMEC staff.**

If you do not receive e-mail confirmation, please call us at 673-1141.

**\*\*\*IMPORTANT: You MUST fill out and sign the BACK of this form\*\*\***

Child's Name \_\_\_\_\_

**RELEASE/EMERGENCY INFORMATION & EXTRA TIME POLICY**

- A.** In case of injury, medical authorities will not undertake any treatment without parental/guardian consent. This form allows for such medical care should you not be available to give permission. Your teacher will carry a copy of this permission form during class. The undersigned parent/guardian agrees to indemnify and hold harmless the P MEC, Town of Amherst, teachers, and all other people helping with this program for damages resulting to \_\_\_\_\_(my daughter / son) while participating in P MEC activities or while in transit to and from these activities. Furthermore, I agree to have my son/ daughter treated for emergency medical or dental problems that should result from injuries received, providing a licensed physician or dentist advises such treatment. I accept full responsibility for all costs of such treatment.
- B.** Your signature below indicates your consent to P MEC to use photos and/or videos of you/ your child internally and in P MEC promotional materials.
- C.** The child above has had all current immunizations required by New Hampshire Public Schools.

**I understand that if I drop off my child early or pick my child up late from a program, I am responsible to pay \$2 for every 15 minutes or increment thereof, payable at time of drop-off or pickup.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2nd Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Allergies: \_\_\_\_\_

Any restrictions on Activities: \_\_\_\_\_

Medications currently taken: \_\_\_\_\_

List any medical, physical, emotional, or behavioral conditions that need to be considered:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Pick Up List:** Please list any one you approve to pick up your child from this program.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_